

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 306

Primary Registration District No. 342

Registrar's No. 0011407

STATE FILE NUMBER

FILED APR 10 1964

VS 300  
Rev. 4/59

16620  
2  
06201

4 1  
5 1

6

7 2

8 2

9 4201

10

11

12 90-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY Madison

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN FREDERICKTOWN

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Inside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY MADISON

c. CITY OR TOWN FREDERICKTOWN

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
RFD #3

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED (Type or print)

First Middle Last  
FLORENCE Georgina BENSING

## 5. SEX

F

## 6. COLOR OR RACE

W

## 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3-26-1901

## 9. AGE (last birthday)

62

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Olden, England

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Wm. WARDEN

## 13b. MOTHER'S MAIDEN NAME

HARRIET HANSFORD

## 14. NAME OF HUSBAND OR WIFE

Fredrick BENSING

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

Patricia LAUT St Louis, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

acute myocardial infarct

### INTERVAL BETWEEN ONSET AND DEATH

Few Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

Arteriosclerotic Heart Disease

years

### DUE TO (c)

Generalized Arteriosclerosis

years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Influenza

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from March 21, 64 to March 25, 64 and last saw her alive on March 25, 64  
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE (Degree or title)

Charles Michaelis MD

## 22b. ADDRESS

Fredericktown, Missouri

## 22c. DATE SIGNED

3-28-64

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVED

## 23b. DATE

3-28-64

## 23c. NAME OF CEMETERY OR CREMATORY

VALHALLA

## 23d. LOCATION (City, town, or county)

ST. LOUIS

## (State)

MISSOURI

## 24. FUNERAL DIRECTOR

PAUL FEY MEHLVILLE MO.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

3-28-1964

## 26. REGISTRAR'S SIGNATURE

Therese F. Cho

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

APR 10 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.